

Equipment Owner or Responsible Person		Equipment Type/Make/Model/Shape		Call Sign/Equipment ID	Registration Number
Company the inspection is conducted for		Inspected by (print)		Inspection Company	
Declaration Submitted	Towing Capacity	Meter Reading	First Inspection <input type="checkbox"/>	Annual Inspection <input type="checkbox"/>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			Random Inspection <input type="checkbox"/>	e-Inspection <input type="checkbox"/>	

	Pass	Fail	N/A
Seatbelt & seating	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting and lights	<input type="checkbox"/>	<input type="checkbox"/>	
Windscreen, windows, mirrors & wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate operator access & egress	<input type="checkbox"/>	<input type="checkbox"/>	
Reversing alarm	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Labelled isolation & lockout	<input type="checkbox"/>	<input type="checkbox"/>	
Safety guards on moving parts	<input type="checkbox"/>	<input type="checkbox"/>	
Positive ID Signage	<input type="checkbox"/>	<input type="checkbox"/>	
Fire suppression	<input type="checkbox"/>	<input type="checkbox"/>	
ROPS	<input type="checkbox"/>	<input type="checkbox"/>	

	Pass	Fail	N/A
FOPS	<input type="checkbox"/>	<input type="checkbox"/>	
Two-way radio	<input type="checkbox"/>	<input type="checkbox"/>	
Mansafe radiator cap (pressure relief)	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Suppression foam Fluorine Free (Provide Evidence)	<input type="checkbox"/>	<input type="checkbox"/>	
Cab & ground level emergency stop	<input type="checkbox"/>	<input type="checkbox"/>	
Pinch points identified and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust system in serviceable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump start receptacle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pass	Fail	N/A
Starter motor isolator ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson emergency procedures sticker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate access for cleaning windscreen, windows & mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible hand brake alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dawson pre-operation safety check book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum machine height clearance label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition & housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance & inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabin seal and condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand rails/gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Result of Inspection</b>	Pass:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow up inspection required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sticker Issued (circle)	Green   Orange	Sticker number:	Expiry date   /   /
<b>Comments or details of repairs needed</b>				

I certify that this report is a true record of the equipment's compliance.

Signature (Inspector): ..... Date: ..... Location of Inspection: .....